

medical profession, and those who might knock the service the hardest would probably be among the first to enlist, should there be the emergency. War experience is certainly conducive to hatred of war with its useless slaughter, pain, misery, and sordidness, and maybe has produced a lack of enthusiasm among some of those who saw what war is. We may say with great fervor, "Never again," although we know deep in our hearts that except for such disabilities as might disqualify us that we could not be kept out of any war in which our country might engage.

WALTER PARRY GUY, M. D.

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Note—In submitting the above, Doctor Guy writes:

In sending you the enclosed copy, which you may use or not as you see fit in the circumstance, I trust you will not see anything but the kindest comment upon your article and editorial. My own experience in the late war was one which leaves me no regret. The remembrances in connection with it are priceless. It is one of the outstanding features in my life. Still, I am candid to state, I should hate to do it again.

To the Editor—I wish to add a few words of praise for your department of medical discussions or, as you call them, "Conversaciones." Although I am in a specialty (urology), I shall read them with interest, because it will be a means of keeping in touch with the active questions in medicine. Don't you think the title "Bedside Medicine for Bedside Doctors" is a bit large and unwieldy? What would you think of the suggestion, "The Bedside Forum."—A. A. K., Los Angeles.

"To the Editor—In regard to the 'discussions' which follow each published article, allow me to express a few thoughts.

I find that these discussions are an excellent innovation and an instructive measure to learn the opinions of different men in the field of medicine or surgery to which they devote most of their time. I therefore never miss reading the entire 'discussion.' But unfortunately, and to my disappointment, I so often find that the discussant repeats either most or much of what he thinks he has to say from the article which has been submitted to him for discussion. Much time is therefore wasted in reading the entire 'discussion' and much valuable information is lost, since the discussant does not attempt to give of his own knowledge and experience sufficiently.

These remarks, dear doctor, are not expressed as a criticism; on the contrary, I utter them only in a constructive sense and hope that you may be able to encourage the discussants to be a bit more original and offer more of their personal experience."—A. Gottlieb, Los Angeles.

COMMENT

The suggestion made by Doctor Gottlieb is a good one, and we have added a paragraph to our usual letter to discussants, asking them to include in their discussion not only the author's contribution, but the *subject* he intended to cover, and to disagree with him where they think disagreement is indicated and to add anything that has not been previously brought out by the author or by a previous discussant. Repetitions and quotations in such direct discussion are uncalled for. We feel certain that our discussants will bear this in mind and co-operate with us to the constant betterment of CALIFORNIA AND WESTERN MEDICINE.

AN IMPORTANT COMMUNICATION FROM THE BOARD OF MEDICAL EXAMINERS

To the Editor—There has been considerable agitation in certain sections of California in regard to licensed physicians and surgeons who have been charged with violation of either the Harrison Act or the State Pharmacy Act, as a result of their indiscriminate and quite lavish use of narcotics in their practice. We are wondering whether you should see fit to write an editorial for CALIFORNIA AND WESTERN MEDICINE, which might bring to the

attention of the medical profession of California the indiscretions of certain individuals, sadly reflecting on the entire medical fraternity.

The records show in some instances that narcotics are purchased in wholesale quantities by certain licensed physicians, and in other instances that prescriptions are written indiscriminately. When these individuals are charged with violation of the law, there seems to be a number of reputable licentiates, undoubtedly unfamiliar with the facts, rallying to the support of the accused, with the result that considerable ill-will is engendered.

There is no doubt but that the medical profession is always active in discouraging irregularities within its ranks. We feel that this situation is one which demands careful elucidation, so far as the rank and file of the medical profession is concerned, it being conceded that the physician and surgeon violators constitute but a very small portion of those engaged in illegal narcotic transactions. The lay violator, of which there is a large number, as a rule has no standing in a community, and hence is given no newspaper notoriety, which places the preponderance of publicity on the shoulders of the very small minority of physicians who transgress the law.

It might also be well in such an editorial to comment on the frequent statements made by licentiates called before the Board of Medical Examiners to show cause why their license should not be revoked, based upon charges of violation of the narcotic laws, that such licentiates have been urged to plead guilty and thus avoid notoriety. The majority state they have been further advised that, if a plea of guilty to the narcotic charge is entered, the case will go no further, they not being advised, however, that such a plea of guilty *automatically* places them (under Section 14 of the Medical Act) before the Board of Medical Examiners for a hearing to show cause why their license should not be revoked.

Very truly yours,

CHARLES B. PINKHAM, M. D.,

Secretary-Treasurer California Board of Medical Examiners.

MEDICAL GOLFERS, ATTENTION!

At a meeting of the San Francisco County Medical Golfing Association recently, following a tournament at the California Golf Club, the Northern California Medical Golfing Association was formed. Its purpose is to hold tournaments in various parts of Northern California at frequent intervals and also to play against other organizations (the dentists and the lawyers both have active golf associations). Eventually it is hoped to have contests with the Southern California Medical Golfers. Under the leadership of James Eaves the local organization (which was absorbed recently by the new association) meetings the past two years have been very successful. Besides affording opportunities to play on various courses, the tournaments and dinners have brought the men together in a spirit of good fellowship. The success of these meetings naturally led to the program of expansion and increased activities just adopted. Members of the California Medical Association residing north of the Tehachapi are eligible for membership. Applications may be sent to the Secretary, Suite 320, Medico-Dental Building, 490 Post street, San Francisco. The following officers were elected: President, Phillip N. Pierson; Vice-President, Clarence A. De Puy; Secretary, Harry E. Alderson; Treasurer, James Eaves; Handicapper, Wilhelm Waldeyer; Tournament Committee—Elbridge Best, Harold K. Faher, LeRoy Brooks.

The cynic is the one who never sees a good quality in a man and never fails to see a bad one. He is the human owl, vigilant in darkness and blind to light, mousing for vermin, and never seeking noble game.—Henry Ward Beecher.

What we need is not unethical individual advertising, but collective publicity, issued by medical societies.—Lucius F. Donohoe, Journal Medical Society, New Jersey.